

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009146

DO NOT WRITE
ON THIS STUD.

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1300

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED 2	DOCUMENT
1		
2 22		
3		
4 0		
5 1		
6		
7 1		
8 2		
9		
10		
11		
12 75-0		
13		
75	ITEM NO.	SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		d. STREET ADDRESS (If outside, give location) 2328 Madison	
3. NAME OF DECEASED (Type or print) First CLEON Middle James Last NEWTON		4. DATE OF DEATH Month 2 Day 4 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/22/1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Loretta, Tennessee	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Newton		13b. MOTHER'S MAIDEN NAME Alma Estes	
14. NAME OF HUSBAND OR WIFE Virdell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Virdell Newton, 2328 Madison, St.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of left middle ear Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1601 DUE TO (c) 1601			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:45A Month, Day, Year 2/4/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clarkton, Mo.	
21. I attended the deceased from 1/28/63 to 2/4/63 and last saw her/him alive on 2/4/63 Death occurred at 3:45A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. J. Sanders M.D.		22b. ADDRESS 1515 LAFAYETTE	
22c. DATE SIGNED 2/4/63		22d. LOCATION (City, town, or county) Clarkton, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-6-63	23c. NAME OF CEMETERY OR CREMATORY Stanfield, Cemetery	
24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Missouri		25. DATE REGD. BY LOCAL REG. FEB 6 1963	
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.			

SANDS

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

FEB 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.